# MEDICATION ASSISTANCE POLICY

For Adult DD, Child DD, and ABI Waiver Providers

**Developmental Disabilities Division** 

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# PROVIDER REQUIREMENT

All Developmental Disabilities Division home and community-based waiver providers, who assist participants with medications, are required to comply with the Medication Assistance Standards, which were effective July 1, 2009 and revised April 19, 2011. Compliance with the standards includes providers having their own policies, procedures, and documentation tools implemented in accordance to these standards in order to ensure the health and safety of waiver participants who take medications. Policy and procedure standards, documentation tools, and guidance are available on the Division's website under the "Medication Assistance Information" webpage.

For questions regarding provider requirements for Medication Assistance, contact a Division Nurse, either Paul Delap at 307-235-1182 or Dawn Wright at 307-856-9083, or contact your local Provider Support Specialist.

# **DIVISION POLICY COMPONENTS**

Waiver providers assisting participants with medication regimens shall comply with the Division's requirements for medication assistance as listed in this policy.

- **1. Consent.** The participant or guardian shall give written consent to allow a specific provider or providers to assist with the participant's medication. The consent will allow the specified provider to be recognized as a "friend" in accordance with the Wyoming Nursing Practice Act, Wyoming State Statute 33-21-154(iii), which allows for "the incidental health care by members of the family and friends."
- **2. Instruction.** The case manager shall ensure that the assistance needed by the participant is accurately reflected in the plan of care, including any other special instructions or participant education needed for assisting with the medication. All team members shall receive training on the plan of care as required in Wyoming Medicaid Rules, Chapter 45.
- **3. Monitoring.** The participant's case manager shall oversee the ongoing monitoring of the participant's medication regimen that is described in the plan of care.
- **4. Compliance.** The provider shall comply with the Division's standards for medication assistance as specified in this document. The provider shall also implement and comply with its own internal medication assistance policies and procedures. Through the provider's policies and procedures, the provider shall ensure that only prescribed medication, or medications specified through consent of the participant or guardian and deemed appropriate by the participant's medical professional, shall be included in the participant's medication regimen; only qualified persons shall assist a participant with medications; and the participant receives consistent and appropriate assistance with medication as prescribed by the participant's medical professional.
- **Oversight.** The Division shall oversee provider compliance with medication management, assistance and address potentially harmful practices by monitoring provider compliance through critical incident reports, complaint follow up, certification and recertifications, or as need arises.

# PROVIDER POLICY AND PROCEDURE REQUIREMENTS

To support participants safely and prevent and detect potentially harmful practices, the Division requires the waiver provider assisting with medication to have policies and procedures, including the components listed below. Providers shall review the Division's policy and procedure standards, memorandums, and guidance available on the Division's Medication Assistance webpage to ensure current internal policies and procedures align with the Division's requirements.

- 1) Second-line monitoring
- 2) Medication Consent
- Qualified Persons to assist with medications, Medication Assistance requirements, and Trainer availability and requirements
- 4) PRN protocol
- 5) PRN Behavioral Modifying Medications protocol
- 6) Medication Storage and Labeling
- 7) Medication Records
- 8) Medication Assistance Record (MAR)
- 9) Medications Off-site
- 10) Medication Incident Reporting, retraining, and follow up

# MONITORING MEDICATION REGIMENS

**First line monitoring:** The participant's physician, psychiatrist, or other licensed medical professional who prescribes medications to the participant shall be the first line monitor of the participant's entire medication regimen. The first line monitor shall be accessed by the participant, guardian, case manager or designated team member(s) to conduct a minimum of one assessment annually of the participants medication regimen, side effects, or when concerns arise regarding a participant's treatment plan, health condition or potentially harmful contraindicated medications are used.

**Second line monitoring:** Medication regimens shall have a second line of monitoring conducted by the participant's case manager. Case Managers shall monitor medication regimens in conjunction with members of the team therefore, providers shall provide documentation, records, summaries, or other information to the case manager on a monthly basis. Case managers monitor by:

- 1) Ensuring all medications, medical treatments, and medication assistance are described accurately and fully in the plan of care and updated as needed.
- 2) Ensuring providers, who are on a plan of care for a participant needing assistance with medication, have current approval in Medication Assistance Training.
- 3) Conducting reviews of events as defined elsewhere in this policy.
- 4) Ensuring professional medical assessments are performed at least annually, or as needed by responsible parties, to include:
  - a) Medication reviews to prevent the concurrent use of contraindicated medications and to prevent duplication of the same class of medication
  - b) Required laboratory tests i.e.; medication levels, liver function tests, kidney function tests, etc.
  - c) Any follow up medical visits needed to monitor the participant's health post-injury/surgery, or after any significant change in treatment plan
- 5) Documenting review of the participant's health, medical condition, medication regimen, incident reports, PRN usage, and pertinent health risks at least quarterly on the case management quarterly form, or as deemed appropriate for the participant by the participant's medical professional

# **MEDICATION CONSENT**

Providers assisting participants with medications shall receive permission to help a participant with medications; therefore, the standardized Medication Consent form as determined by the Division shall be completed for each waiver participant receiving medication. The form shall include:

- 1) Participant's name and legal guardian's name, if applicable
- 2) The names of provider(s)/entity who are given permission to assist with medications
- 3) A statement explaining that assistance with medications shall be delivered as specified in the participant's plan of care
- 4) A statement regarding when or why the consent may be rescinded by the participant or guardian
- 5) The participant or legal guardian's signature
- 6) Date of signature
- 7) Expiration date of consent form, not to exceed one year from date signed

# QUALIFIED PERSONS TO ASSIST WITH MEDICATIONS

Any provider or provider staff, who assists a participant with medication, shall be:

- 1) A registered professional nurse or licensed practical nurse
- 2) A Medication Assistant, who is an unlicensed individual and has successfully completed the required training specified by the Division and is certified to assist waiver participants with medication in accordance with the Division's Medication Assistance policy.

Refer to the *Medication Assistance Training and Division Monitoring* document on the Division's Medication Assistance Webpage for more clarification on becoming a Medication Assistant and/or a Trainer.

### **DOCUMENTATION**

Any waiver provider assisting with medication shall have policies and procedures for documenting Medication used by participants, when the provider assists in any way.

- 1) Providers shall use a Medication Assistance Record (MAR) which meets the Division requirements for each participant who receives assistance from the provider with medication. The MAR form ensures consistent support and assistance with medications and documents each medication taken by the participant.
- 2) The provider shall document the use of all PRN medication, which are medications given "as needed" for a participant's illness or medical condition. The Medication Assistance Standards detail the requirements for documenting all medications, PRNs, and the follow up that is needed for PRN usage.
- 3) Since the case manager is the second line monitor for medications given, they are required to follow up with providers to ensure medication records are completed, PRN usage is documented and followed up appropriately.
- 4) Provider shall provide copies of MARs to case managers as requested by the case manager, so they can monitor as required. The *Medication Assistance Procedure Standards* document details these requirements.

# RELATED DEFINITIONS

### # BEHAVIOR MODIFYING MEDICATION

Any drug prescribed to manage an individual's behavior in a way that reduces the safety risk to the individual or others; is not prescribed in quantities that unnecessarily interfere with an individual's functional abilities; is considered standard treatment for the individual's medical or psychiatric condition but not prescribed solely for the diagnosis of mental retardation; and is used in conjunction with a comprehensive positive behavior support plan. Any drug used as a restraint is not allowed while the participant is in waiver services.

# # DIVERSION

Any illicit use of a prescribed substance for a purpose other than that which was intended by the prescriber.

### **#** MEDICATION ASSISTANCE

Help from a provider with tasks related to the administration or self-administration of medication as specified in the plan of care. Assistance may include physical assistance, package assistance, verbal prompts, visual monitoring, demonstration, storage, access, and documentation.

### # MEDICATION ASSISTANT

A person who has successfully completed the training by the Division or a Division trained—Medication Assistant Trainer to assist participants with medication in accordance with Division's requirements. A Medication Assistant must recertify every two (2) years.

#### **#** MEDICATION ASSISTANT TRAINER

A registered nurse, licensed practical nurse, or person with experience and education requirements of a waiver case manager, who has successfully completed the Train-theTrainer Medication Assistance curriculum and is approved to train persons in the Medication Assistance Training curriculum as specified by the Division. A Medication Assistance Trainer must recertify every three (3) years.

### # MEDICATION CONSENT

A form giving written permission for a person or entity to help a participant with medications. This form must be updated annually.

#### # MEDICATION REGIMEN

A systematic medication plan designed to improve and maintain the health of a participant

# # PRN

A term commonly used in medicine to mean "as needed" or "as the situation arises," referring to a medication that is not scheduled; instead administration is left to the caregiver or the participant's prerogative. PRN administration must follow the participant's plan of care, follow the policies and procedures of the provider who is providing services at the time of usage, and meet the Division requirements for PRN usage, monitoring and documentation.

### ♯ PROTOCOL (MEDICAL)

Medical guidelines for a medical treatment, including a treatment plan, procedures to follow, and summarizes practical issues regarding the protocol requirements.

#### **■ STANDARD MEDICATION ASSISTANCE TIMEFRAME**

Acceptable timeframe to deliver a scheduled medication dosage is one hour before or one hour after the scheduled time of the medication. If a medication is ordered to be given at a specified time then the one hour rule does not apply.